PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

3732 (3-02) 4/2

## **REQUEST FOR WITHDRAWAL** AS ATTORNEY OR AGENT

09/483,526 **Application Number** 1/14/2000 Filing Date Pilaro First Named Inventor 3732 **Group Art Unit Examiner Name** Wilson, John J. Attorney Docket Number 12086

| To: Assistant Commissioner for Patents Washington, DC 20231  |   |              |                |  |             |            |          |
|--|---|--------------|----------------|--|-------------|------------|----------|
| I hereby apply to withdraw   | v as attorney or agent for the above i  | dentified p  | atent applica  | tion.                                  |             |            |          |
| The reasons for this request are:  |   |              |                |  |             |            |          |
| Petitioner's client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time or has failed to honor an agreement to pay a retainer in advance of the performance of legal services.   |   |              |                |  |             |            |          |
|  |   |              |                |  | TC :        |            |          |
| The correspondence address is NOT affected by this withdrawal.   |   |              |                |  | ===         | 0          | 7        |
| 2. Change the correspondence address and direct all future correspondence to:  |   |              |                |  | 700         | C          |          |
| CORRESPONDENCE ADDRESS   |   |              |                | 3                                      | (-)         | ř          |          |
| Customer Number  | ·   | NE35         | Place          | Custome                                | rition      |            | 4        |
| OR   |   |              | Bar (          | Code Labe                              |             | 2002       | בם       |
| Firm or Individual Name  | John L. Reed  |              |                | ······································ | 3           |            |          |
| Address  | BriteSmile, Inc.  |              |                |  |             | <u>-</u> - | -        |
| Address  | 490 North Wiget Lane  |              |                |  |             |            | -        |
| City   | Walnut Creek  | State        | CA             |  | 945         | 98         | $\dashv$ |
| Country  | USA   | Orate        |                | ZIP                                    | <del></del> |            | -        |
| Telephone  | (925) 279-2860  | Fax          | (925) 941-     | 6266                                   |             |            | 1        |
| This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attomeys/agents associated with Customer Number 23719  This request is enclosed in triplicate (Including any attachments). |   |              |                |  |             |            |          |
|  | J. Santalone, Esg.  | <del></del>  |                |  |             |            | ┨        |
| Signature  | In Santa lone   | <del></del>  |                |  |             |            | 1        |
| Date 10 De   | ecember 2002  |              | <del></del>    |  |             |            | -        |
| NOTE: Withdrawal is effective w<br>Unless there are at least 30 days<br>period for response or possible e  | hen approved rather than when received<br>between approval of withdrawal and the<br>extension period, the request to withdraw<br>ted to take 0.2 hours to complete. The will we de- | a avniration | date of a time |  |             |            |          |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Petents, Washington, DC 20231.

Certificate of Mailing Under 37 C.F.R. 1.10

I hereby declare that this correspondence is being deposited with the United States Postal Service via Express Mail Label No. **EV035750146 US** in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C.

Date: 12/10/2002 Name: Oscar Espinosc